Complete the form and return to [mtlyouth@montreal.anglican.ca](mailto:mtlyouth@montreal.anglican.ca)

before March 31, 2019

**Registration / Consent for Lenten Mission Outreach Day**

Participant’s Name and email\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants mobile\* phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact / Contact info \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies / Existing health condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are a minor, l*ess than 18 years of age at the time of the LMO,* a parent or guardian must fill in this form.**

**\* please indicate parent/guardian email address and phone number if the participant does not have one**

**Informed consent for participation**

Name and telephone of Parent / Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

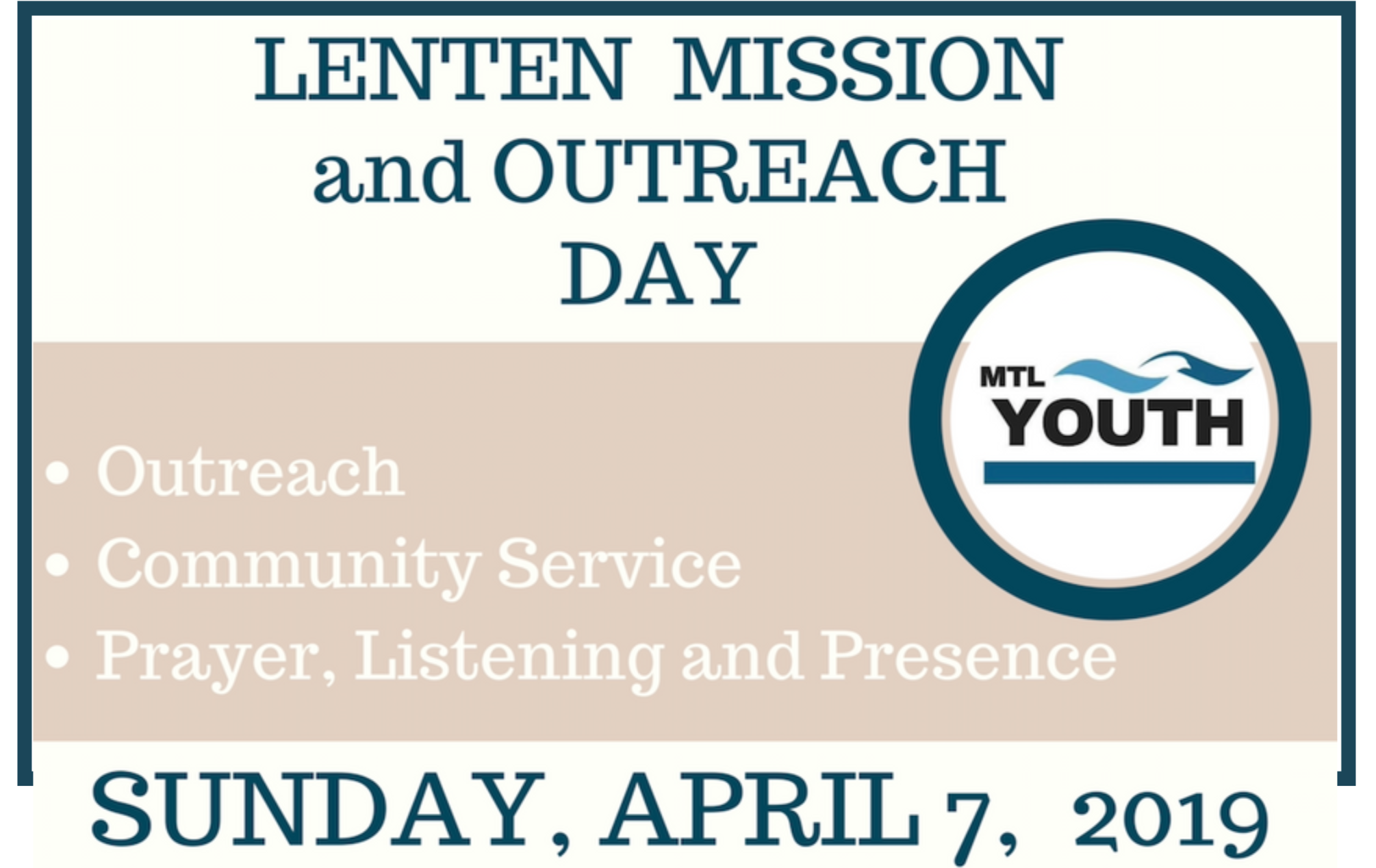
*I give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in the events and activities of the Lenten Mission + Outreach Day at 1444 Union, Montreal on (04/07/19)* Activities during the LMO may include leaving the premises for service projects.

*Though I trust that every precaution will be taken to ensure the safety of my child. I acknowledge* ***The Anglican Diocese of Montreal,*** *or any of the organizing members, are not responsible in the unlikely event of death, injury or harm.*

*Please indicate how the participant will be departing the activity, approx 7:30pm (ex. Metro, pick up…)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of parent / guardian / adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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